

**STATE OF NEVADA  
DEPARTMENT OF AGRICULTURE  
DIVISION OF LIVESTOCK IDENTIFICATION  
ELKO, NEVADA**

**APPLICATION FOR PUBLIC LIVESTOCK AUCTION LICENSE  
FEE OF \$100.00 MUST ACCOMPANY APPLICATION**

**To the Department of Agriculture, State of Nevada:**

The undersigned hereby makes the statements contained on this application for the purpose of obtaining a license to conduct the business of a Public Livestock Auction for the period of one year from date of issuance pursuant to the provisions of Chapter 573. Nevada Revised Statutes.

1. Full name of applicant \_\_\_\_\_
2. Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_
3. Principal business address \_\_\_\_\_
4. Location of the establishment for which application is made \_\_\_\_\_
5. Weekly or monthly sales day applied for \_\_\_\_\_
6. State whether an individual, partnership, exchange, association or corporation \_\_\_\_\_
7. Types of livestock to be handled, sold, traded or exchanged \_\_\_\_\_
8. Have you or any members of the partnership, exchange, association or corporation ever been denied or refused a license under the provisions of Chapter 573. NRS ?    ☐ Yes    ☐ No
9. Have you or any member of the partnership, exchange, association or corporation, within 3 years preceding date of this application, been judged bankrupt?    ☐ Yes    ☐ No
10. Have you or any member of the partnership, exchange, association or corporation been convicted of a felony?    ☐ Yes    ☐ No  
If answer is "Yes" give judicial authority \_\_\_\_\_
11. Name and address of bank where "Custodial Account for Consignor's Proceeds" will be established and maintained: \_\_\_\_\_
12. Name and address of person in State of Nevada authorized to accept service of summons: \_\_\_\_\_

Application is hereby made for inspection and approval of the following facilities:  
( FOR DEPARTMENTAL USE ONLY )

1. Health inspection \_\_\_\_\_
2. Testing and vaccinating \_\_\_\_\_
3. Quarantine pen \_\_\_\_\_
4. Laboratory \_\_\_\_\_
5. Brand inspection \_\_\_\_\_
6. Weighing scale \_\_\_\_\_

Application is hereby made for determination of required amount of bond:

1. NEW LICENSE: My estimated average monthly gross sales during the first six (6) months of business: \$ \_\_\_\_\_.
  2. RENEWAL LICENSE: My highest average monthly gross sales during a six (6) month period within the past twelve months: \$ \_\_\_\_\_.  
My anticipated average weekly gross sales: \$ \_\_\_\_\_.
- A "LINE OF CREDIT," without limitations, has been established in the amount of \$ \_\_\_\_\_ at:

---

Name and address of Nevada bank

# FINANCIAL STATEMENT

Individual [    ]      Partnership [    ]      Corporation [    ]      (Check One)

Financial statement of: \_\_\_\_\_ At close of business \_\_\_\_\_, 20 \_\_\_\_\_

Name \_\_\_\_\_

ASSETS	LIABILITIES, CAPITAL, NET WORTH
<b>Current Assets:</b>  Cash on Hand                      \$ _____ Cash in Bank                      _____ Name of Bank _____ Accounts Receivable              _____ Less: Allowance for Past Due Accounts              _____ Notes Receivable                  _____ Less: Allowance for Past Due Notes                  _____ Inventory of Merchandise        _____ Other Current Assets              _____  <b>Total Current Assets</b> \$ _____  <b>Other Assets:</b>  Real estate                         \$ _____ Buildings                            _____ Less: Depreciation                _____ Machinery and Fixtures          _____ Less: Depreciation                _____ Automobiles and Trucks          _____ Less: Depreciation                _____ Inventory of Supplies            _____ Other Assets                        _____  <b>Total Other Assets</b> _____  <b>TOTAL ASSETS</b> \$ _____	<b>Current Liabilities:</b>  Accounts payable ( includes \$ _____ past due) \$ _____ Notes payable to banks            _____ Notes payable to others            _____ Chattel Mortgages and Contracts Payable _____ Accrued Liabilities (Interest, Wages, Taxes, etc.) _____ Other current Liabilities          _____  <b>Total Current Liabilities</b> \$ _____  <b>Other Liabilities:</b>  Mortgages or Liens on Real estate                      \$ _____ Long- term Notes or Bonds Payable                      _____ Other Liabilities    _____  <b>Total Other Liabilities</b> \$ _____  <b>Total Liabilities</b> \$ _____  <b>Capital ( If Incorporated ):</b> Capital Stock Outstanding                                      \$ _____ Surplus ( or Deficit )    _____  <b>Total Capital and Surplus</b> \$ _____  <b>Net Worth ( If not Incorporated )</b> \$ _____  Total Liabilities and Capital ( Corporation ) or Total Liabilities and Net Worth ( Individuals and Partnerships )    \$ _____

**INDIVIDUALS:**

Age \_\_\_\_\_ How many years engaged in the Public Livestock Auction Business? \_\_\_\_\_  
Are any assets of your business held as community property? ☐ Yes ☐ No  
If "Yes," name of other party \_\_\_\_\_  
Do you have an interest in any other business? ☐ Yes ☐ No  
If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

Have you filed Homestead? ☐ Yes ☐ No

**PARTNERSHIPS:**

Date of partnership organization \_\_\_\_\_ Limited or General \_\_\_\_\_  

Names of Partners	Address	Original Investments	Present Investments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CORPORATIONS:**

Names of Officers:  
President \_\_\_\_\_ Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_  
Directors \_\_\_\_\_  
In what State Incorporated? \_\_\_\_\_ Date \_\_\_\_\_  
Capital Stock Authorized \_\_\_\_\_ Shares Par Value \$ \_\_\_\_\_  
Capital Stock Outstanding \_\_\_\_\_ Shares \_\_\_\_\_  
Name of persons holding or controlling 20 percent or more of capital stock of corporation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Capital paid in cash \$ \_\_\_\_\_  
Capital paid in other than cash (describe) \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION:**

Are your books audited by an independent (outside) accountant? ☐ Yes ☐ No  
If "Yes," name of accountant \_\_\_\_\_  
To what date has U. S. Internal Revenue Department examined your records? \_\_\_\_\_

**IMPORTANT**

(Answer All Questions Pertinent to Your Business on the Reverse Side of This Application and Complete the Financial Statement)

*The undersigned certifies as to the accuracy of the foregoing statements and that the financial statement on page 2 of this application gives a full, true and complete statement of the financial condition of the applicant as of the date stated.*

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Make checks payable to **Department of Agriculture** and mail to:

**NEVADA DEPARTMENT OF AGRICULTURE  
DIVISION OF LIVESTOCK IDENTIFICATION  
1351 ELM STREET  
ELKO, NEVADA 89801**